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ABSTRACT

A series of eight videoconferences was designed to help educational professionals improve schools by applying knowledge gained from research. During the videoconference programs, which are transmitted by satellite to facilities with receiving capacity, viewers can interact by telephone with the program presenters. Each program covers a specific topic and each has a "content partner" (a learning center, institute, teachers' association or other group) that supplies expertise in the program area. The format of the program involves the presentation of two stories depicting classrooms or communities that have successfully integrated research with practice, and a question-and-answer session with the studio audience and remote viewers. In this document, a review of research on drug use and drug use prevention is followed by an overview of the sixth program in the series, which covers the topic of preparing students for drug-free lifestyles. In this program, the first story describes the Omaha Public Schools' comprehensive and integrated strategies to prevent drug use in schools and the community. The second story illustrates the ways in which the Mt. Carmel, Illinois school district and the local community have collaborated to implement strategies for prevention of drug use. A series of follow-up activities relevant to the topic of drug use prevention is described. Additional materials include biographical information on videoconference participants, an extensive list of resources on drug use prevention, a glossary of terms, and a reference list of 23 items. (BC)

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SCHOOLS THAT WORK
The Research Advantage

GUIDEBOOK

6

Preparing Students for Drug-Free Lifestyles

PS 020829

An Eight-Program Videoconference

presented by the
North Central Regional Educational Laboratory
and the PBS Elementary/Secondary Service
in partnership with the
Midwest Regional Center for Drug-Free Schools and Communities

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NCREL

The North Central Regional Educational Laboratory (NCREL) is one of ten federally supported regional educational laboratories in the country and serves the states of Illinois, Indiana, Iowa, Michigan, Minnesota, Ohio, and Wisconsin. NCREL works with education professionals in the region to support school restructuring to promote learning for all students, especially those most at risk of academic failure in the most rural and urban settings.

NCREL was created in 1984 by seven chief state school officers and 19 deans of education from colleges and universities. It is governed by a 29-member board of directors composed of the seven chief state school officers and representatives from higher education, business, labor, agriculture, local and intermediate educational agencies, and communities.

The Lab's efforts to respond to regional needs are focused around five major program areas which direct our efforts to those in greatest need and allow us to concentrate our resources in areas likely to result in the greatest impact: curriculum, instruction, and assessment; early childhood and family education; professional development; rural education; and urban education.

As an educational laboratory, NCREL assists schools, families, and communities in identifying and addressing the needs of our children and students and in redesigning schools so that they have a greater capacity to create learning environments appropriate to, and supportive of, the full diversity of student needs and circumstances. We believe a growing body of expertise embodied in theory, research, and practice is pointing toward ways in which the nation can fundamentally rethink, or restructure, its schools.

PBS

The PBS Elementary/Secondary Service (ESS), through and on behalf of PBS member stations, serves the instructional needs of students and teachers nationwide. ESS distributes educational programming and related materials for K-12 classroom use; promotes the use of PBS's primetime programming as a curricular resource; provides professional development for educators; and serves as a national advocate for the use of video and related technologies for learning.

The PBS Adult Learning Service (ALS) offers college-credit television courses through local partnerships of public television stations and colleges. Since 1981, more than 1,500 colleges, in cooperation with 300 public television stations, have enrolled more than one million students in ALS-distributed courses. In August 1988, ALS launched the PBS Adult Learning Satellite Service (ALSS) as a direct satellite service for higher education, offering a wide variety of programming.

Midwest Regional Center for Drug-Free Schools and Communities

In September, 1990, the United States Department of Education awarded the North Central Regional Educational Laboratory a grant to establish and operate the Midwest Regional Center for Drug-Free Schools and Communities. Since its inception, the Center has assisted schools and communities in eliminating alcohol and other drug use by young people.

The Midwest Regional Center serves a diverse and expansive ten-state region out of three regional offices located in Illinois, Minneapolis, and Denver. This region comprises nearly 9 million students attending some 24,500 schools in 4,879 school districts. Three of the states are primarily rural, three others predominatly industrial, and the remaining four are a mix of rural and urban populations.

The Center serves this wide diversity of populations by providing a combination of training of school-community teams, technical assistance, and dissemination of information. In addition, the Center uses a variety of different technological and information delivery systems to reach various target audiences, and has established four special initiatives directed towards the specific needs of rural, urban, American Indian, and youth populations.

What is a Videoconference?

The North Central Regional Educational Laboratory (NCREL) and the PBS Elementary/Secondary Service have been producing videoconferences together since 1987. Via satellite, videoconferencing allows the exchange of information across town or across the country. A growing number of organizations use this delivery system for staff development, corporate meetings, training sessions, and entertainment events.

Videoconferencing works like this: An "uplink" station transmits the live program to a communications satellite which then beams it to "downlink" sites. Any facility with a satellite dish and the proper receiving capacity can be a downlink site. When combined with a telephone hookup, videoconferencing becomes "interactive" with one-way video (viewers see the presenters on monitors although presenters cannot see the viewers) and two-way audio (viewers can call in and speak to the presenters). Another way to include an interactive component is to have a viewer call-in period following the live satellite transmission.

In 1990, NCREL and PBS produced a nine-part staff development videoconference series, *Restructuring to Promote Learning in America's Schools*. Although not geared specifically toward staff development, *Schools That Work: The Research Advantage* has been designed to help viewers develop the kinds of successful schools that ensure a successful future for all of us.

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Jeri Nowakowski, Executive Director

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NCREL Video Series

Content Partner

The Midwest Regional Center for Drug-Free Schools and Communities
Oak Brook, Illinois
Maxine Womble, Director

Project Team

Jeri Nowakowski, Executive Director
Beverly Walker, Deputy Director

Beau Fly Jones, Executive Producer
Margaret B. Tinzmann, Producer
Judson Hixson, Moderator/Producer
Annette Mallory, Producer
Randy A. Knuth, Program Associate
Louis Ciancio, Production Coordinator
June Yang, Production Coordinator
Ernest Rose, Evaluator
MRC Support Staff

Video Development

General Learning Video

Larry Walcoff, Senior Producer
Nick Kolias, Senior Camera Crew

Uplink Station

WTTW Chicago

Jack Ginay, Director
Steve Norman, Production Manager
Linda Weseman, Production Coordinator

Guidebook

Written by

Margaret Banker Tinzmann
Program Associate, Information and Technology
Midwest Regional Center for Drug-Free Schools and Communities

Judson Hixson
Senior Associate Director, Information and Technology
Midwest Regional Center for Drug-Free Schools and Communities

Guidebook continued

Formative Field Review Team

Creigs Beverly
Professor of Social Work
Wayne State University
Detroit, Michigan

Rick Brooks
Director of Outreach
Wisconsin Clearinghouse
University of Wisconsin
Madison, Wisconsin

Charles Edwards
Dean of the College of Education
University of Wisconsin-Platteville
Platteville, Wisconsin

Priss Parmenter
Prevention Coordinator
Southeastern Illinois Counseling Centers
Mt. Carmel, Illinois

Morton Silverman
Director, Student Counseling and Resource Service;
Associate Dean of Students in the University
University of Chicago
Chicago, Illinois

Steve Schwartz
Curriculum Director
Wabash County Community Unified School District
Mt. Carmel, Illinois

Ed Virant
Coordinator of Drug-Free Programs
Omaha Public Schools
Omaha, Nebraska

Printing and Dissemination

Editing and Print Production

Marianne Kroeger, Editor
Stephanie Merrick, Editor
Lenaya Raack, Editor

Sharon Sherman, Desktop Publisher
Cheryl May, Production
Geri Goelz, Production

Dissemination Team

Steve Baxendale, Dissemination
Kelly Brown, MRC Dissemination
Joseph D'Amico, Rural Education
Deanna Durrett, Policy

Linda G. Kunesh, Early Childhood and Family Education
Robin LaSota, Urban Education
Donna Wagner, MRC Dissemination

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SECTION 1

Overview of the Videoconference Series

The President of the United States and the National Governors Association recently set forth six goals to be achieved by the year 2000 (see page 3). *Schools That Work: The Research Advantage* is designed to provide educational research for schools and communities as they reflect upon and seek to implement these national education goals. A recent Gallup poll shows that most Americans strongly support the national goals. Each goal was rated as a high priority by at least 84% of those polled. However, at least 47% felt that reaching these goals by the year 2000 is unlikely.

The North Central Regional Educational Laboratory and the PBS Elementary/Secondary Service are committed to restructuring schools to promote learning. We believe that every child can learn. We also believe that it is in our nation's utmost interest to develop world-class schools that achieve these goals, for the sake of our children.

Scattered throughout America are schools that work. These schools involve teachers, students, administrators, parents, community members, and businesses. They illustrate how the application of learning research can lead to improved education and to the achievement of the national goals. These examples give us hope that we all can make the difference. This videoconference is designed to help viewers develop schools that work, schools that aim to meet the national goals using the research advantage.

Topics and Schedule

1991 (4:00-5:00 pm ET)	**1992** (4:00-5:00 pm ET)
Reading—October 10	Early Childhood Education—February 13
Mathematics—October 24	Drug-Free Schools—March 12
Science—November 14	School-to-Work Transition—April 2
Assessment—November 21	Interagency Collaboration—May 7

Audience

Schools That Work: The Research Advantage is designed primarily for teachers, administrators, and curriculum specialists, as well as staff of state and intermediate education service agencies. However, its fast-paced, informative style will appeal to school board members, parents, policymakers, Chapter I staff, teacher educators and their students, test makers, staff developers, and researchers interested in school improvement.

Videoconference Programs

Videoconference 1

Reading ▪ October 10, 1991 ▪ Children as Strategic Readers

Content Partner: Center for the Study of Reading (CSR), University of Illinois, Urbana-Champaign

Videoconference 2

Mathematics ▪ October 24, 1991 ▪ Children as Problem Solvers

Content Partners: National Center for Research in Mathematical Sciences Education, University of Wisconsin, Madison, and the National Council of Teachers of Mathematics

Videoconference 3

Science ▪ November 14, 1991 ▪ Children as Explorers

Content Partners: Institute for Research on Teaching, Michigan State University, and Project 2061, American Association for the Advancement of Science (AAAS)

Videoconference 4

Assessment ▪ November 21, 1991 ▪ Alternatives for Measuring Performance

Content Partner: National Center for Research on Evaluation, Standards, and Student Testing (CRESST), UCLA

Videoconference 5

Early Childhood Education ▪ February 13, 1992 ▪ Meeting Children's Needs

Content Partners: National Association for the Education of Young Children (NAEYC) and the National Association of Early Childhood Specialists in State Departments of Education (NAECS/SDE)

Videoconference 6

Drug-Free Schools ▪ March 12, 1992 ▪ Preparing Students for Drug-Free Lifestyles

Content Partner: Midwest Regional Center for Drug-Free Schools and Communities

Videoconference 7

School-to-Work Transition ▪ April 2, 1992 ▪ Preparing Students for Work in the 21st Century

Content Partners: Institute on Education and the Economy, Teachers College, Columbia University, and the U.S. Chamber of Commerce

Videoconference 8

Interagency Collaboration ▪ May 7, 1992 ▪ Integrating Community Services

Content Partner: Study Group on School-Linked Integrated Services sponsored by the U.S. Department of Education and the Department of Health and Human Services

Videoconference Objectives

- To provide examples of how research empowers teachers, students, and whole communities
- To promote meaningful and self-directed learning for all students
- To focus national attention on issues of equity and excellence as schools and communities implement the national goals
- To demonstrate alternative ways that educators, parents, policymakers, and community members can work together to redesign schools for America's children
- To provide high-quality programming with up-to-date research for professional development libraries for educators
- To encourage schools and communities to reflect on the national education goals, well informed by the best of research and practice

The National Education Goals

Goal 1: By the year 2000, all children in America will start school ready to learn.

Goal 2: By the year 2000, the high school graduation rate will increase to at least 90 percent.

Goal 3: By the year 2000, American students will leave grades four, eight, and twelve having demonstrated competency in challenging subject matter including English, mathematics, science, history, and geography; and every school in America will ensure that all students learn to use their minds well, so they may be prepared for responsible citizenship, further learning, and productive employment in our modern economy.

Goal 4: By the year 2000, U.S. students will be first in the world in science and mathematics achievement.

Goal 5: By the year 2000, every adult American will be literate and will possess the knowledge and skills necessary to compete in a global economy and exercise the rights and responsibilities of citizenship.

Goal 6: By the year 2000, every school in America will be free of drugs and violence and will offer a disciplined environment conducive to learning.

Rationale for the Videoconference Program Topics

The topics for this series were selected in part because they represent major areas of educational research and in part because they are all relevant to the national education goals. Although each topic area in the series involves different departments and school staff, it is important to understand that schools ultimately are part of one system. What happens in one area of schooling influences what happens in another area. This videoconference series presents two sets of thematically related programs.

- The theme connecting the first four programs (Reading, Mathematics, Science, Assessment) is that research in these areas forms the vision of learning and teaching that drives curriculum, instruction, and assessment. Further, many common threads exist in each research base such as teaching for understanding and collaborative learning.
- The theme connecting the last four programs (Early Childhood Education, Drug Education, School-to-Work Transition, Interagency Collaboration) is that traditionally these topics have been considered somehow outside the core of schooling—both conceptually and politically. Our intent is to demonstrate that they are vital for the achievement of all children. Further, the collaborative learning and higher order thinking, together with their assessment, needed in the subject disciplines are also vital to early childhood education, preparing students for drug-free schools, and the work environment.

Accordingly, NCREL and PBS strongly recommend that schools and community members watch all eight programs to develop a common language and common objectives. Indeed, we hope that schools and community members will use this series as a vehicle for debate and reflection about school reform and implementing the national goals.

Format of Each Videoconference Program

Live Satellite Transmission (1 hour)

For educational research to have a positive impact on schooling, it must be supported by effective classroom practices. With this in mind, the satellite transmission portion of each videoconference will focus on two "stories" depicting actual classrooms or communities that have successfully integrated research into practice. Each story will be followed by a question-and-answer session with the live studio audience. Remote viewers will be able to call in at any time during the program and give their questions to the telephone operator. The moderator will ask selected questions to the presenters throughout the program. Questions not answered on the air may be answered by phone or in print.

The first story will demonstrate effective classroom practices. The second will portray the rich teaching and learning environment created through community involvement in schooling. Each program in the videoconference series draws upon the best of research and practice to address critical questions that schools and communities need to resolve if they are to implement the national goals. Specifically, each program will illustrate the following:

1. How research has changed an individual teacher and the lives of his/her students
2. How schools have used research in the community by involving parents or community members in planning, instruction, or assessment or have enabled teachers and students to engage in learning outside the traditional boundaries of the school

Participant Call-In (30 minutes)

Immediately following the satellite transmission of each videoconference, participants will be given the opportunity to "call in" with comments and questions for videoconference presenters. This segment does not include live video transmission. However, callers will speak directly to the presenters. Because this segment provides one-to-one contact between presenters and participants, it is the key to the interactive nature of the conferences.

SECTION 2

What Does Research Say About Prevention?

Often, people think that "drugs" include only marijuana, crack, cocaine, and other illicit substances that are most often associated with violence and media reports. In fact, these represent only a few of the substances we consider to be drugs, which include:

- Substances illegal for everyone—crack, cocaine, marijuana, heroin, LSD, PCP, etc.
- Substances legal for adults but illegal or inappropriate for youth—alcohol and tobacco.
- Prescriptive and nonprescriptive medications that can be abused or misused—sedatives, stimulants, etc.
- Substances not intended for internal use—glue, aerosols, etc.

The Problem and Its Consequences

The abuse of alcohol and other drugs in this country is of epidemic proportions, with rates of use exceeding those of all other nations, according to the American Medical Association (Board of Trustee Report, April 1991, p. 2106). Indeed, many Americans believe that drug use is the most serious problem facing our nation.

Drugs pose an insidious danger that knows no economic, geographic, racial, generational, or cultural boundaries. We hear daily news reports ranging from urban homicides linked to drug sales, to suburban youths being killed in auto accidents involving alcohol. From rural American Indian reservations to Wall Street, the drug problem is pervasive. It is frustrating, too, in part because the problem is not new.

Throughout history, people have used and abused drugs. Cocaine use was prevalent during the late 19th century; marijuana use, called "reefer madness" was common in the late 1920s. Thinking we had solved drug problems (with the exception of alcohol, prohibited by law in the 1920s and still a major problem today), we all but forgot prevention until the 1960s when drug use rose dramatically. Is there a solution to the drug problem? Perhaps not. Can we prevent alcohol and other drug use and abuse from ruining more lives? We must.

Alcohol and Other Drug Use Among Youth

How extensive is alcohol and other drug (AOD) use among youth? Consider the following findings from The University of Michigan Institute for Social Research survey (Bachman et al., 1991):

- 60% of high school seniors in the class of 1990 had first used alcohol in ninth grade or earlier.
- 19% of high school seniors reported smoking their first cigarette in elementary school, with another 32% starting in grades 7-9.
- 80% of high school seniors reported using alcohol in the previous year, 50% in the last month, 34% in the last week.
- 32% of seniors report occasions of heavy drinking (five drinks in a row) in the two-week period preceding the survey.
- Rate of use of cigarettes has not declined for ten years; 30% of seniors smoke.
- Use of cocaine has declined; African Americans show the lowest rate of use.
- 3.5% of seniors have tried crack.
- 48% percent of seniors have tried a drug that is illegal for both adults and young people.

Johnston and his colleagues, who conduct this ongoing survey, report that rate of use of some drugs has decreased slightly among some youth since the late 1970s, but caution that this does not mean we are solving the drug problem. First, only those students still in school are surveyed; drop outs are not included, yet they are far more likely to use alcohol and other drugs than those who remain in school. Second, alcohol is a particularly intractable problem, and rate of use remains high, far exceeding the use of other substances. The high rate of alcohol use may be the result of many factors:

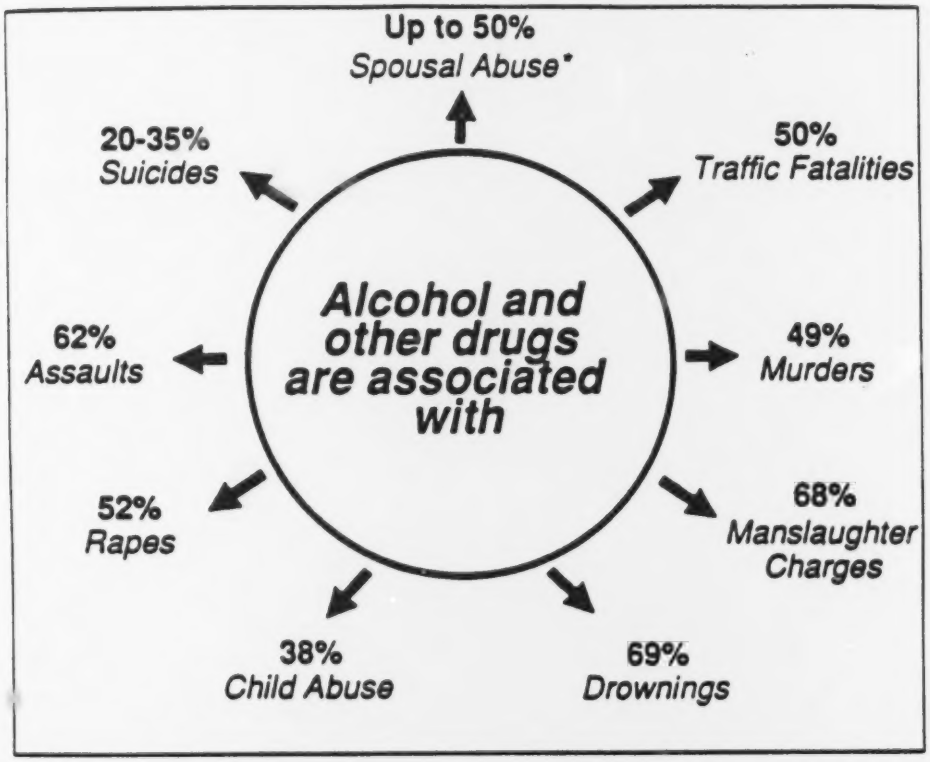
- Many people do not consider alcohol to be a drug.
- It is a part of our culture tied to having a good time (e.g., "happy hour").
- Adults model drinking behavior.
- Adults often deny that alcohol is a problem for youth, consider drinking a "rite of passage" to adulthood, and permit alcohol use by youth in their homes.
- Alcohol is easily accessible to youth not only in many homes, but it is also relatively easy for them to purchase.

Third, use of hallucinogens, particularly LSD, and inhalants is rising. Finally, tobacco use has not decreased and is actually increasing for young females.

Consequences of Alcohol and Other Drug Use

AOD use is associated with a range of far-reaching problems that affect individuals, families, schools, and communities—indeed, our whole nation. These effects are illustrated in Figure 1.

Figure 1



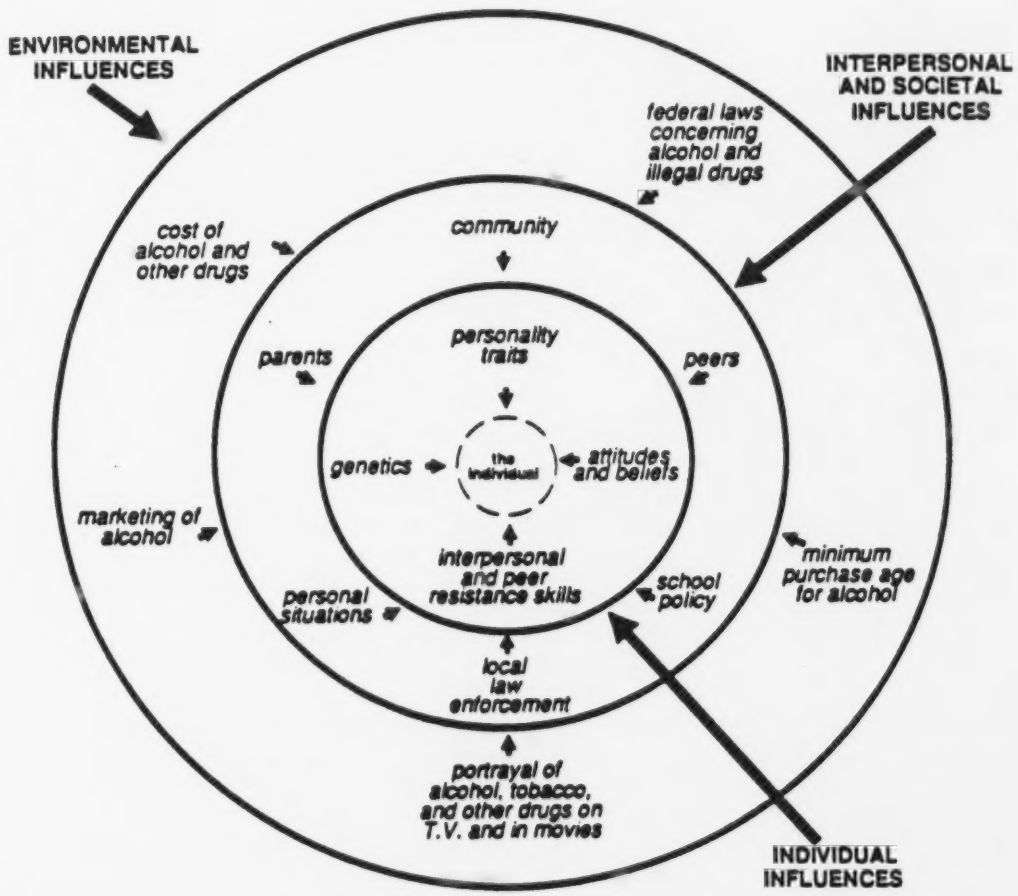
Prevention Plus II. Tools for Changing and Sustaining Drug-Free Communities, p. 3.

Although we have made progress in some areas, alcohol use remains high and use of some other drugs is rising. Furthermore, the effects of AOD use pervade all aspects of people's lives and cost the nation considerable human and economic resources. Concerns over alcohol and other drug use have led many researchers to investigate their use. Understanding causes, it is thought, can help us eliminate and prevent the problem.

Factors That Influence Alcohol and Other Drug Use

While research on the causes of AOD use does *not* enable us to predict with certainty who will use alcohol or other drugs and who will not, it has identified numerous factors affecting substance use. These range from individual characteristics to the influence of mass media and are shown in Figure 2. Understanding the relationship of these factors to AOD use has provided a research base for developing prevention strategies, most of which until recently have been limited to a focus on individual factors. Current prevention research warns that we must attend to all factors; prevention that focuses on only one or two factors and ignores or discounts the rest is likely to fail to have a long-term, permanent impact.

Figure 2



Prevention Plus II. Tools for Changing and Sustaining Drug-Free Communities, p. 19.

Prevention Strategies

School-Based Programs

Numerous researchers have evaluated school-based programs, but since evaluation is complex and expensive (RAND Corporation's seven-year evaluation of Project Alert cost $8.9 million), few researchers have conducted longitudinal studies. In addition, programs, schools, and students vary considerably, making comparability across programs difficult. Moreover, studies have identified more ineffective than effective programs. Thus, firm conclusions regarding what works are tenuous at best. Finally, some program goals (e.g., knowledge and attitudes) might be positively affected while others (non-use) are not affected. With these points in mind, we summarize research on curricula intended to prevent or delay alcohol and other drug use. Other school programs (e.g., Student Assistance and Support Programs) may include such goals as building knowledge and changing attitudes and behavior, but take more of an intervention approach based on principles of counseling, or provide supports for non-use without necessarily providing specific instruction (e.g., alternative activities and "Just Say No" clubs). Even fewer reports on these programs are available.

At first, AOD prevention was considered to be almost exclusively the job of schools. Generally, schools used single programs focused primarily on individual factors. Although, based on self-reported rates of use, these programs were not very successful. Current research does not necessarily advocate abandoning them, but rather improving them, coordinating them with other strategies, and more systematically integrating them into ongoing education and other programs in the school and community. Some approaches—for example, programs that teach resistance skills and that attempt to correct youngsters' misconceptions about the acceptability among students and adults of AOD use—seem promising, especially if they are integrated with other strategies in a collaborative school-community prevention effort. Common school-based approaches to prevention are summarized in the following chart.

> ***"Little is known about the effectiveness of the various drug education programs or curricula in preventing or reducing drug and alcohol abuse among students."***
>
> —GAO, 1990, p. 5

Approach	Premise	Strategies	Effectiveness
Cognitive	If youth understand the dangers of AOD, they will not use them.	Teach pharmacology of alcohol and other drugs, how they are used, long-range consequences of use—usually through scare tactics.	Seldom effective; sometimes detrimental—arouses curiosity and encourages experimentation. "Dire facts" are not credible, knowledge alone does not counteract peer pressure. Knowledge is necessary, but not sufficient; focus on more immediate physical/social consequences may work.
Affective	High self-esteem, values consistent with non-use, and good problem-solving and decision-making skills help youth avoid AOD.	Raise self-esteem. Teach values and life skills. Typically, do not include AOD information.	Do not decrease rate of use. Some community members and parents protest teaching values and decision making. Need to include AOD information.
Combined Cognitive and Affective	Students need both information and life skills to avoid AOD use.	Teach problem-solving, decision-making, peer pressure resistance skills; and provide explicit information about AOD to connect life skills and AOD use and consequences.	Little consistent effect on reducing AOD use, although some successes have been reported.
Social Learning/ Cognitive-Behavioral Approach	AOD use usually begins in a social setting between grades 5 and 9, usually with peers, but sometimes adults; youth need skills for resisting these pressures. (Based on Bandura's social learning theory.)	Teach how to identify pressures from peers, media, advertising, families. Teach resistance skills, model counterarguments. Students role play pressure situations and actively practice resisting.	Sometimes effective, especialy if peers are involved in instruction and when students already have other fairly well-developed social skills. Little evidence that effects last.
Normative Education Approach	Youth overestimate the extent of AOD use among peers and thus may use AOD in order to feel part of the group.	Correct misconceptions, demonstrate actual norms through discussion, etc., develop non-use norms.	Success with some drugs; not very effective with alochol. Some youngsters may believe that fewer peers use AOD than actually do, and may come to feel AOD use is more acceptable than they did before entering the program.

Early AOD school education (cognitive, affective, and cognitive-affective approaches) did not reduce AOD use, and by raising awareness, sometimes unintentionally led to increased use. Social learning and normative approaches show more promise. One firm finding is that *single approaches are likely to fail*. Prevention also has tended to be isolated from other school learning and activities and is of relatively short duration, sometimes lasting only for one year, often less. Earlier prevention efforts were usually begun in high school or middle school. However, current evidence indicates that first use often begins in the fifth grade or even before. Therefore, prevention should begin early, preferably before first grade. In addition, AOD curriculum should be geared to the developmental stage of children at each grade level. Parents need to be involved in AOD education, both to learn about substance use and to help their own children avoid AOD use. Finally, a theoretical flaw with some programs is their assumption that alcohol and other drug problems "...are the properties of individuals rather than social systems." Current thinking stresses the multiple influences on substance use that must be a part of prevention.

Schools alone cannot change whole communities. Nevertheless, researchers stress that schools are in a unique position to initiate and lead effective prevention efforts in a community. Curriculum and other school-based programs should not be discarded, but used as a part of a whole fabric of prevention strategies that include but go beyond the school to address the many influences on youth throughout a community.

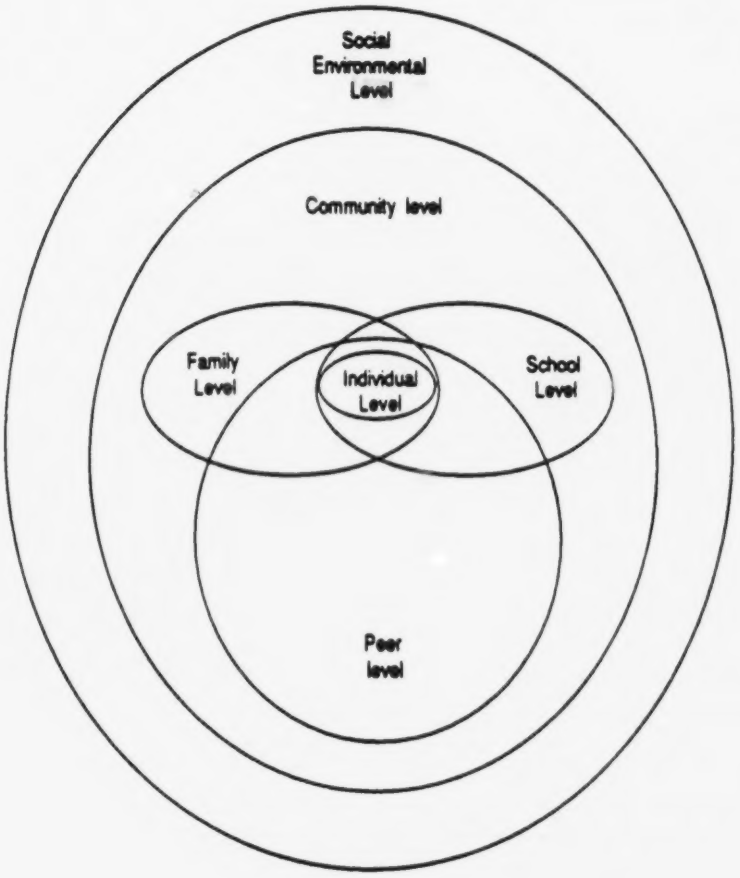
School-Community Prevention Strategies

If our goal is to prevent AOD use and related problems, we must attend not only to individuals, but to the institutions and norms of the community in a systems approach. Efforts can be directed toward three categories of systems related to health: the individual, the environment, and alcohol and drugs themselves. Past school-based prevention has usually focused on just the individual—the user or potential user. More recent efforts focus on the environment which includes the immediate environment (e.g., the family, neighborhood, school, and community) as well as the larger environment (media, industry activity, public policy, laws, etc.). Addressing all these factors requires **comprehensive**, **integrated**, **collaborative** strategies that deal with schools, workplaces, media, religious institutions, public and private sectors, legal and judicial systems, and families as well as interactions among these systems. Figure 3 illustrates key players in effective prevention.

"If you're only trying to change kids' knowledge or attitudes, then you're not in the prevention business."

—Mary Ann Pentz, San Diego, 1990

Figure 3: Conceptual Model of Prevention Programming



Kumpfer, K. L. (1991). Environmental and family-focused prevention: The Cinderellas of prevention want to go to the ball, too. OSAP Prevention Monograph-3. Prevention research findings: 1988. p. 199.

While this approach requires multiple players from many community institutions, we stress the leadership role of schools because they have a unique opportunity to reach more youth for longer periods of time than any other community institution. But no matter where prevention originates, a key to success is to link school-community endeavors in an integrated, collaborative effort. Components and characteristics of effective prevention include at least the following:

1. **Prevention is based on both research and local strengths, needs, and ongoing evaluation.**

Key information includes the multiple causes and correlates of substance use as well as evaluations of programs. Prevention leaders also need to examine the vast body of research and theory on human development, learning, instruction,

and curriculum; and other areas, such as organizational change, mass media, marketing, and public policy. The key is to integrate information from these various disciplines.

Furthermore, local prevention should be based on local strengths and needs. Many schools and communities rely primarily on surveys to determine needs and strengths. However, many other data sometimes are more easily obtained and often more valid and reliable than self-reports and opinions from surveys. These include: reports on traffic fatalities; DUI arrests; hospital admissions records; school dropout rate, attendance/truancy; school achievement; unemployment rates; the number of taverns in the community; liquor sales; extent of participation in recovery programs; home parties where alcohol use is permitted; and so on.

Ongoing evaluation also is critical to developing successful prevention initiatives. The process of implementation needs to be monitored, the importance and relevance of program goals and the effectiveness of strategies evaluated, and outcomes determined. While many schools-communities have begun exciting, innovative programs, few have implemented appropriate evaluation to determine if they are doing the right things, how well they have been implemented, and how effective they are. Indeed, evaluation is undoubtedly one of the most underused tools in local prevention efforts.

2. Prevention is a collaborative and integrated effort.

Collaboration and integration are the essence of a systems approach to prevention. Collaboration among key players and institutions leads to strong community ownership. It requires leadership from various organizations and groups to ensure that strategies are integrated and to avoid turf issues that can sabotage some local efforts.

"If you want to change drug use behavior, you've got to stick your neck out and treat the school program as one part of a larger community effort."

—Mary Ann Pentz, San Diego, 1990

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3. **Prevention strategies, activities, and programs are flexible, strong, enduring, and institutionalized.**

The range of strategies, activities, and programs that can be used in prevention are so extensive that we cannot describe them all here. However, the following principles can guide their selection and development.

- **Employ multiple rather than single strategies critical to achieve the goals and objectives necessary for a comprehensive prevention effort.** Important goals are more likely to be achieved through a combination of strategies—such as classroom education, local laws, and parent groups who band together to monitor teenage "parties" for alcohol and other drug use or other inappropriate behavior—than any single approach alone. In addition, strategies need to be flexible to respond to changing needs, or modified or dropped if they are found to be ineffective.
- **Although many strategies will be directed toward eliminating or preventing negative behaviors or influences, others should take a proactive approach.** For example, youth committed to substance-free lives should have school and community support and recognition in recreational functions and other activities, and in local news articles that feature positive youth activities and achievement. In addition, students must have something to say "yes" to. Opportunities to serve as mentors for their peers and younger students, to develop relationships with adults in the community, and to provide service to the community as a whole, are examples of positive options.

"The clearest signs of progress in the fight against drugs are to be found in our schools, our neighborhoods, and our workplaces. American attitudes against using drugs continue to harden. The number of school-aged children using drugs [with the exception of alcohol] continues to fall. Citizens all across the country are uniting in community coalitions to battle vigorously against drug use and drug dealing in their neighborhoods. And American businesses are putting into place sound workplace policies that deter drug use and help people with drug problems get into treatment."

—National Drug Control Strategy, p. 59

- **AOD education should be integral to the school curriculum rather than an add-on or a requirement that is separate from the overall life/norms, goals, and mission of the school.** Prevention should be infused in all academic areas, promoting the prevention message and alternatives to AOD use in all school activities and in the philosophy of the school. We know that academics means little to a child who is intoxicated in class or who is tormented by a life outside the classroom infested with AOD use. However, the effectiveness of the academic program is also important. We must remember that school becomes painful for a child who is treated as a failure from the first day of kindergarten, or to the tracked or segregated student who knows his or her opportunities are the "worst" in the school, or to the student struggling to learn to read who is given worksheet after boring worksheet while his or her classmates read interesting books. We put these children at risk for AOD use by making school an unpleasant and unproductive experience. Only when schools deal with the implications of these practices in light of what constitutes a good education and change them, can we say prevention is integral to a school.
- **AOD curriculum should span grades K-12 and provide developmentally appropriate concepts, skills, and activities at each grade.** The U.S. Department of Education recommends that AOD education for K-3 children should emphasize generally good health practices; differences among foods, poisons, medicines, and drugs; personal responsibility for one's actions; and rules regarding drug use. Grade 4-6 children should learn how to identify different drugs; the effects of drugs; what addiction is; why some substances are dangerous; and peer, media, family, and community influences. Middle school students should increase their knowledge of characteristics and effects of drugs on body systems, motor coordination, and physical appearance; the nature of addiction; broader social consequences of drugs; media pressures; local problems and resources for help; and the connection between drug use and AIDS. High school students should increase their understanding of the effects of drugs, their relationship to diseases, and how they affect pregnancy; legal, social, and economic consequences of drug use; and treatment and intervention resources. In addition, many high school students can serve as peer leaders for younger students.
- **Staff, volunteer, and peer training is essential.** While many prevention and treatment professionals in the community will already be adequately trained, school staff usually lack training since state teacher certification seldom requires it. Some studies note that teachers need at least 40 hours of training, though we suspect more may be necessary to go beyond acquiring knowledge to developing the skills to apply knowledge. Moreover, some researchers recommend training for all school staff, including administrators, secretaries, lunchroom workers, bus drivers, maintenance engineers, school volunteers—in short, any adult who has any contact with students. Training is also critical because people hold many misconceptions about AOD use—who uses, its causes, and the nature of the problem (e.g., some think moral weakness leads to use or that AOD use is associated primarily with certain ethnic groups or occurs only in large urban areas).

In addition to drawing on local experts and universities for training, schools-communities can utilize the training services offered by the Office of Substance Abuse Prevention (OSAP) and the regional centers funded by the U.S. Department of Education. These services are usually provided free or at a minimal cost to attendees. (See Resources, page 40 for a list of these and other resources.)

Older youth are often more credible to younger students than adults and thus can provide effective prevention education and support. Training youth to fill these roles is important. They need to know how to lead discussions and when and how to refer students who evidence problems to teachers or other staff.

- **Specific strategies should be employed for different drugs and target groups.** Research indicates that approaches which reduce the risk of some drugs (e.g., cocaine) are often ineffective with others. Strategies also will be different for children committed to non-use, children at risk, youngsters already using, youth in recovery, and for children of alcoholics. Different strategies are appropriate for different cultural groups as well. In all cases, however, drug or audience specific strategies must be part of a comprehensive, integrated effort.

Research and common wisdom recognize the importance of family involvement in helping prevent substance use. Some families need help to improve family relations and parenting skills. Some have had only negative interactions with schools and may not know how to access community services. Strategies need to be devised to involve families in school and community efforts and in community programs and services that will help them. Some families deny the existence of AOD problems in their children or in the community at large. Awareness campaigns can

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"The family is the most important locus of drug prevention for two reasons. First, it is where most children learn the difference between right and wrong; where virtues such as self-discipline, civic responsibility, perseverance, and hard work are taught; and, as a result, where children develop the basis of self-esteem. Second, parents have an irreplaceable influence on the formation of children's character and must teach their children that drug use is wrong, and, by personal example, show them how to lead drug-free lives."

—National Drug Control Strategy, pp. 60-61

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help overcome denial. Finally, families committed to prevention can become involved in providing services or support to prevention efforts, a long-term goal for all families.

The community itself can be a target group, especially when there is extensive community denial or lack of awareness, lack of clear policies, poor law enforcement, and so on. Public awareness campaigns, political action, and similar efforts are appropriate at this level of prevention.

- **Strategies should reflect, address, and value community diversity.** Approaches should draw on the contributions different ethnic, cultural, and economic groups can make to prevention and provide services appropriate for different groups by attending to their different circumstances and needs. Curriculum has sometimes targeted only middle-class suburban students. Such curriculum programs cannot be transferred to other groups without regard to differences in racial and cultural lifestyles. Furthermore, African American, Hispanic Americans, and American Indian youth are disproportionately represented in the dropout population; thus, prevention efforts, even if appropriate, may not even reach them. Prevention strategies for these youth should be community-based in organizations that provide programs to help youth feel pride in their own cultures.

  In spite of (or because of) differences, the diverse groups in American society have a great deal to offer each other. We have not always recognized, respected, or valued these strengths in each other. Effective AOD prevention can promote sharing and understanding that will go a long way to overcome tensions between groups and to promote self-esteem and pride in who one is, what one can be, and a commitment to living without drugs.

- **Prevention efforts should be institutionalized**. AOD prevention must become a permanent part of the school program and the life of the community to ensure long-term commitment and support. Many apparently successful efforts disintegrate when a charismatic leader leaves or special funding ceases. Local leadership needs to be fostered and other ways to capitalize on local resources need to be created. The latter might include innovative uses of technology (e.g., videotapes, computer-interactive video, and films). Students themselves are sometimes very effective in leading prevention activities such as peer counseling, tutoring, lecturing, and theater troupes. Training a variety of people to deliver and support prevention also ensures that the local base of expertise is expanded.

4. Prevention attempts to change school and community norms.

A systematic approach not only addresses existing problems, it is future oriented because it attempts to establish new norms in the community and school. Changing norms appears to require a high level of activity that is visible to all community members. Strategies include ensuring that school and community policies and laws are consistent with prevention goals and are enforced; conducting awareness campaigns to overcome community denial; encouraging the media such as television, newspapers to promote anti-AOD messages, limit advertisements for alcohol and tobacco, and accurately portray consequences of drug and, especially, alcohol use; organizing community members to combat drug trafficking; instituting or supporting price and tax controls on harmful substances; battling efforts to legalize drugs illicit for adults; and so on. The goal is to establish a context where AOD use is treated realistically and where the use of illegal drugs by anyone and alcohol by youth will not be tolerated.

Similarly, prevention education must become an integral part of the basic educational program of the school and, therefore, must be a key priority in any school improvement or restructuring effort. Assisting students in acquiring the knowledge and skills necessary to resist the temptations of alcohol and other drugs must come to be viewed as essential to the process of becoming a well educated adult, and must be one of the standards by which we judge school effectiveness. Schools that are truly committed to the success of *all* students must be equally committed to ensure that they have the skills necessary to solve problems and make critical decisions that affect their personal quality of life, as well as their careers.

5. Prevention extends beyond the community.

Prevention can go beyond a community in several ways. A community committed to prevention recognizes its responsibility to support state and national laws and policies consistent with prevention philosophy and to change those that are not. Communities that have been successful (and can *document* their success) can share their experiences with communities just beginning prevention efforts. Such activities reflect the recognition that the future of our nation is at stake and that communities must work together to combat AOD use by youth. Indeed, history has taught us that AOD use is not a problem that can be "solved" or a war that can be "won" and then put aside. Prevention must be ongoing. Each new generation needs to learn the lesson.

Some Final Thoughts—The Future of Prevention

AOD prevention education is, in many ways, at a crossroads. Increasingly, isolated initiatives or "packaged" programs are being replaced by strategies that go beyond school-based programs, and by more comprehensive *and integrated* strategies that do more than simply provide information and slogans, or ceremonies and events that occur only a few times a year.

More and more, we are recognizing that effective, continuing prevention of AOD use by underage youth will require *permanent* changes in the basic goals, content, and process of education at all levels and in all areas. Developing the knowledge, understanding, and skills necessary to avoid AOD use must become as much a part of what it means to provide a "good" education as literacy in reading, math, science or other traditional academic areas. Too often in the past, we have focused our attention narrowly on reducing *current* levels of involvement by young people. Once those levels were reduced to an acceptable *(or tolerable)* level, the intensity of our attention diminished and, along with it, most prevention programs. In a society where young people, as well as adults, are besieged on a daily basis with the message that there is a "drug" that will cure whatever ails you, and one that portrays alcohol as a necessary element to becoming an adult, or "having fun," prevention education must be an ongoing effort or a social movement, not a three-year project, or a temporary intervention in times of real or presumed crisis.

Similarly, since the health of a community and the health of its members cannot be separated, effectively preventing AOD use will require new, and continuing partnerships between schools and other agencies and organizations in the local school and broader communities. These new types of partnerships, however, cannot continue to be largely at the periphery of schooling. Instead, they must become part and parcel of a new educational system—a system that is tied to the community in more fundamental, direct, and permanent ways than is typically the case today.

"There is a health revolution going on and it will bring down drug abuse in our country in the years to come, but without a maintenance program it would be like measles, TB, and sexually transmitted diseases—it would come up again."

—Sehwan Kim, 1990

Finally, if we are going to achieve long-term changes in the negative impact of AOD on our society, we have to attend to the role that alcohol and other drugs play in the lives of adults. While adult education is not necessarily the direct responsibility of the school per se, we cannot overlook the critical impact that adult role models have on the attitudes, values, and behavior of young people. The message, "do as I say, and not as I do," carries little weight with today's youth. We must work to ensure that the behaviors we practice as adults match the behaviors we recommend to, and for, our children.

The road toward this new vision of prevention education is indeed a complex, multidimensional, and difficult journey—but it is not an impossible one, and there is reason for optimism. In the next section, we tell the stories of two school-communities that are committed to just such a journey and are well along the path.

"Today there is reason for hope in the war on drugs. In the last few years Americans have begun to change their attitudes about drugs. Voluntary organizations such as churches, synagogues, and religious groups, PTAs, the Girl Scouts and Boy Scouts, Big Brothers and Big Sisters, and block associations are taking America back from drug dealers, one neighborhood—often one individual—at a time. But the news is not all good. Too many communities still suffer the terrible consequences of drug use and crime. Many neighborhoods are still ravaged by drugs. Families are torn apart. Thousands of parents who have succumbed to the lure of drugs have neglected and abused their children. So, while supply reduction activities continue to make drugs more expensive, difficult to find, and risky to purchase, prevention activities must increase and include the entire community to bring about a long-term solution to the scourge of drug use."

—National Drug Control Strategy, p. 61

SECTION 3

Overview of Program 6: Preparing Students for Drug-Free Lifestyles

Program Objectives

- To provide major findings from alcohol and other drug prevention research
- To provide examples of excellent alcohol and other drug prevention strategies in schools and communities
- To raise questions and issues that can be discussed in school and community forums

Program Outline

- Moderator Judson Hixson and Maxine Womble, director of the Midwest Regional Center for Drug-Free Schools and Communities, introduce the videoconference series and Program 6.
- The program opens with comments from individuals who serve as an overview of key ideas.
- The first story illustrates how the Omaha Public Schools, represented by Ed Virant, coordinator of Drug-Free Programs for the Omaha Public Schools, has provided leadership for comprehensive and integrated prevention in schools and the community. Cheryl Hollis, a parent liaison, represents parents and the community.
- Hixson moderates questions and comments from the audience.
- The second story illustrates how Illinois' Mt. Carmel School District, represented by Steve Schwartz, curriculum director, and the community, represented by Priss Parmenter, prevention coordinator for Southeastern Illinois Counseling Centers, have collaborated to implement school-community prevention strategies.
- Hixson moderates questions and comments from the audience.
- Selected studio audience members describe how the stories and discussion in this videoconference may influence their thinking.

Overarching Message

1. Alcohol and other drug use among our nation's youth continues to be a serious problem.
2. The causes of alcohol and other drug use are complex and occur at many different levels of influence.
3. Efforts to solve this problem that are based only in schools are not likely to be effective because they cannot address multiple community and societal influences on alcohol and other drug use.
4. Effective prevention requires a variety of collaborative, integrated strategies that are comprehensive and contextualized across individual, family, social, and environmental spheres of influence on young people.
5. Schools can take a leadership role in prevention, but should be only one component of a broader school-community effort.
6. The long-range goal of prevention is to change school and community norms to be consistent with drug-free lifestyles.

About Story 1: Omaha, Nebraska, and the Omaha Public Schools

Omaha is a mid-sized, midwestern city that educates more than 42,000 students. Like many cities, it is culturally diverse. Twenty-seven percent of the student body is African American, 3.8 percent is Hispanic, and 1.3 percent is American Indian.

The community and its schools are working together to fight AOD use by youngsters. Because Omaha is a fairly large city, achieving collaboration and integrating strategies across organizations can be challenging. A key leader in these efforts is Ed Virant, coordinator of Drug-Free Programs for the Omaha Public Schools.

The Omaha Schools have had a comprehensive health curriculum that includes substance abuse education. AOD education begins in kindergarten and extends through high school. When funds became available through the federal government's drug-free schools program, the schools were able to expand their alcohol and other drug prevention efforts. A major goal was to build connections with the community and families.

A primary strategy has been to establish and provide extensive training to school-community teams in every school in the system. To date, 46 of the 78 schools have teams that include both school staff and community members. Each team develops a yearly action plan suited to the needs of its school and immediate community and which uses resources in the local community. Among other things, these plans include extensive staff development activities for all school staff and strategies for involving parents in prevention activities. To ensure that activities of the school-community teams are an integral part of the school, principals are encouraged to coordinate some aspect of AOD prevention with their annual school improvement plans.

The leaders from school-community teams in each high school and its feeder schools belong to Cluster Teams that meet four times a year. Clusters help individual teams avoid a sense of isolation. Cluster members share ideas and plan mutual activities, support and encourage teams just beginning their work, and bolster the enthusiasm of older teams.

A second major group of strategies help support and draw on the strengths of different target groups in the schools and community. Most of these strategies go beyond specific attention to AOD issues by addressing academic, cultural, and economic issues. For example, the annual African American Academic Achievement Awards Banquet honors high school students who have achieved high academic goals. Another effort is a six-week summer program for 6th and 7th graders at risk of dropping out, which provides them with academic help and promotes self-, cultural, and community awareness. The latter efforts are conducted in community settings rather than in school. A similar effort is a community-based program, directed by Frank Peak, which strives to help culturally diverse youth understand and value their own strengths and share them with others. In addition, the needs and strengths of different cultural groups are addressed in cultural awareness and prejudice reduction programs for school staff, and through specially designed workshops for students.

Some high schools provide teen parent programs in which young mothers learn parenting skills while their young children attend Head Start. The program also ensures that the young mothers have the chance to complete their high school education.

The school district also works with Omaha Public Housing and assigns staff members as liaisons with each housing site. In addition, specific activities (e.g., recreation and computer activities) are provided in areas of the city where gang activity is high.

Another target group is students who have chosen to live drug free. These students can join drug-free organizations in their junior or senior high schools—not only in the public schools, but also in private, parochial, and suburban schools. Every year, the older students assist with planning and putting on a Drug-Free Conference. The Conference includes speakers, small group activities, and other supportive activities. In addition, some students have the chance to attend national and international drug-free youth conferences. Students express great enthusiasm for this effort, especially the closeness they feel for other students, often from other schools, whom they can count on to support their drug-free choice.

The schools have several strategies for actively involving families not only in prevention, but also in school life in general. Two of these are the Familyness and Family Room programs. Familyness focuses on bringing parents, children, and the school together to support drug-free living. February is Familyness month. Every week, the district sponsors special meetings and activities for parents and children. At the opening Familyness night in 1992, Ben Vereen was the featured speaker and there was a family fair featuring exhibits of different cultures, community resources, and school and community prevention programs.

The Family Room program is intended to make stronger connections to families who may have had only negative relationships with the school, either from their own or their children's experiences. In addition, it is intended to help families make important connections to services and institutions in the community. The program is fairly new and is funded through drug-free schools and communities money. Community members are recruited and trained to be Family Liaisons. They have an office in their home school and receive a salary. They are responsible for being available to parents who contact them, to encourage them to become involved in school activities and their children's education. Liaisons also help families fully utilize community services. The premise of this program is that when families feel the school supports them and when they can access community services and institutions, AOD use will be less likely to occur.

The Omaha schools also work closely with PRIDE, directed by Susie Dugan. This grass-roots organization was developed by parents concerned about children's alcohol and other drug use. This organization originally consulted with the national PRIDE organization in Atlanta, but operates as an independent, autonomous group. PRIDE provides materials and resources to parent and other groups and has been very effective in extending school prevention efforts into the community.

About Story 2: Mt. Carmel/Wabash County, Illinois, and Its Schools

Mt. Carmel is a rural community of approximately 9,000 residents located near the Indiana border in southeastern Illinois. The school district has two elementary schools and one high school. Use of alcohol *(and to a lesser degree other drugs)* by young people has been a problem that was widely known, but quietly tolerated and often denied.

That all changed three years ago when the school board concluded that it was not providing the quality of education its students would need for the 21st century and hired Steve Schwartz to assume the newly created position of curriculum director. This event marked the beginning of dramatic changes in Mt. Carmel's schools and, in a district with less than $3,000 per pupil in revenues, a major financial commitment by the board.

The board's commitment, however, went beyond the traditional academic arenas to students' experiences and learning outisde the walls of the school. The board developed a vision of schooling that focused not only on high academic achievement, but more broadly, on helping children acquire the knowledge and skills to live physically and emotionally healthy and satisfying lives. This vision included AOD prevention education for students of all ages.

But, the story of Mt. Carmel, Illinois, is more than a story about AOD prevention education. It's a story about the commitment of a school district and a community to improving the quality of life for its youth—the knowledge they gain, the skills they acquire, the relationships they establish with adults in the community and their peers, and their sense of responsibility for each other, as well as the community as a whole. It's also a story about how schools can assume a proactive leadership role in developing broad-based community involvement and support.

The Mt. Carmel approach to AOD prevention is based on the belief that a quality education is one that prepares students for life in all of its dimensions. As a result, prevention education information and strategies are fully integrated into the curriculum. New curricular content and instructional practices provide foundations to help students succeed academically. In addition, issues such as self-esteem, decision making, knowledge about healthy and unhealthy lifestyles and behaviors, promoting collaboration among students, and high levels of student involvement and responsibility in the learning process are as integral to the life and priorities of the schools as are history, reading, math, or other traditional subjects. Prevention information and skills also are woven into the district's extracurricular activities. For example, the high school theater group develops and performs AOD prevention skits for student and adult audiences throughout the region, and a comprehensive peer mentor program links high school to middle school students, and middle school students to primary and preschool children.

Mt. Carmel's students repeatedly mentioned the lack of after-school activities in the community. More than just knowing what to "say no" to, students needed things to which they could "say yes." To respond to this need, the district, in partnership with various community organizations and businesses, has developed a wide variety of student-focused programs and projects:

- One program links at-risk preschool students with senior citizens to establish friendships and relationships across generations.
- Two student groups, ALPHA and TREND, sponsor various community projects and entertainment options for high school and younger students. ALPHA students also work with school faculty to provide prevention information and training for younger students.
- The Big Buddy program provides one-on-one relationships between individual at-risk students and adults in the community who serve as older friends, mentors, and advisors.
- Families Against Drugs *(FAD)* involves students in planning community education activities and developing community service projects for both adults and youth.

Two critical features of the Mt. Carmel approach to AOD prevention are coordination and collaboration. All elements of the community are involved in a variety of different, but fully coordinated initiatives to prevent AOD use, but more importantly, and to support the healthy growth and development of all of the community's young people. The network of partnerships is truly exemplary, ranging from the mayor and director of the Chamber of Commerce to the local bank, lumber yard, and Pizza Hut, among many others. The coordinator of the county's prevention services agency is also the president of the Board of Education, and the local Catholic school participates in many of the District's academic, prevention, and after-school activities.

Mt. Carmel does not view its efforts as a program or series of projects that will accomplish certain goals and then will no longer be needed. Instead, the aim is to make **permanent changes** in the basic goals and content of education, the role of the school in meeting both the academic **and** non-academic needs of students, and the community's attitudes toward, involvement with, and collective responsibility for its youth. Mt. Carmel is seeking to change the **norms** of what it means to grow up in their community, who and what is valued and attended to, and the connections between children, adults, and institutions in the community.

The story of Mt. Carmel illustrates that broad-based, diverse, integrated, and well-coordinated strategies that begin in preschool and continue through high school graduation are essential. Furthermore, AOD prevention is really developing a permanent, community-wide system to help children grow up with:

- Positive options for their out-of-school time
- Understanding of the traps they will have to avoid and knowing how to do so
- Healthy self-concepts
- A sense of service and responsibility for their peers, younger children, and other community members

Viewers' Guide for Program 6, "Preparing Students for Drug-Free Lifestyles"

Things to look for during the program . . .	Spaces for taking notes
How have Mt. Carmel and Omaha applied research, considered local needs, and drawn on local strengths?	
How have Mt. Carmel and Omaha ensured a collaborative and integrated effort between school and community?	
How are parents involved in planning and ongoing prevention activities?	
What are some examples in Mt. Carmel and Omaha of flexible, strong, and enduring strategies? • Multiple strategies • Proactive • Integral to school life • Developmentally appropriate curricula • Extensive training • Target groups • Reflect/draw on cultural diversity • Institutionalized—not dependent on outside funding or special people	
How are Mt. Carmel and Omaha attempting to change school and community norms?	
How do Mt. Carmel and Omaha go beyond immediate school and community concerns to address issues in the larger society?	

SECTION 4

Follow-Up Activities for Participants

Follow-up Activities for Schools, Parents, and Community Members

These activities are designed either for already existing school-community teams, consisting of teachers and adminstrators, parents, community members, and students, or for individuals who will be forming school-community teams. If you do not have a school-community team, the activities can serve as a guide for identifying individuals and the roles they will play in your prevention efforts.

1. Why is it important to find out about AOD use and strategies to prevent or eliminate use in your school and community?

2. Complete the chart below to help determine the AOD situation in your school and community.

	Information you already know or believe	Sources for known information	Information you need to know	Possible sources for new information
Student attitudes, beliefs, behaviors				
Teacher/ administrator attitudes, beliefs				
Parent attitudes, beliefs, behaviors				
Community attitudes, beliefs				

3. Based on the chart above and information in the guidebook and broadcast, identify some **risk factors** and **strengths** in your community and school and rate them according to how strong and weak they are. Use the ratings to identify problems to be solved in your school and community and strengths you can use solve these problems. Examples of community risk factors are: community denial, a high number of alcohol establishments, poorly enforced laws, a lack of social and community services, high poverty, homelessness, and a high degree of advertising for alcohol and tobacco. School risk factors include: school policies that are poorly enforced, inattention to multicultural needs, fragmented AOD curriclum, teachers not trained to teach AOD curriculum, a lack of administrator support for prevention, and parents who are not involved in school.

community risk factors 1. 2. 3. 4. 5. 6.	very weak very strong 1 2 3 4 5
school risk factors 1. 2. 3. 4. 5. 6.	very weak very strong 1 2 3 4 5
community strengths 1. 2. 3. 4. 5. 6.	very weak very strong 1 2 3 4 5
school strengths 1. 2. 3. 4. 5. 6.	very weak very strong 1 2 3 4 5

4. Using the graphic as a stimulus:

   a. Identify key community partnerships for AOD prevention (identify as many key people in your community as you think will be needed to implement collaborative and integrated prevention)

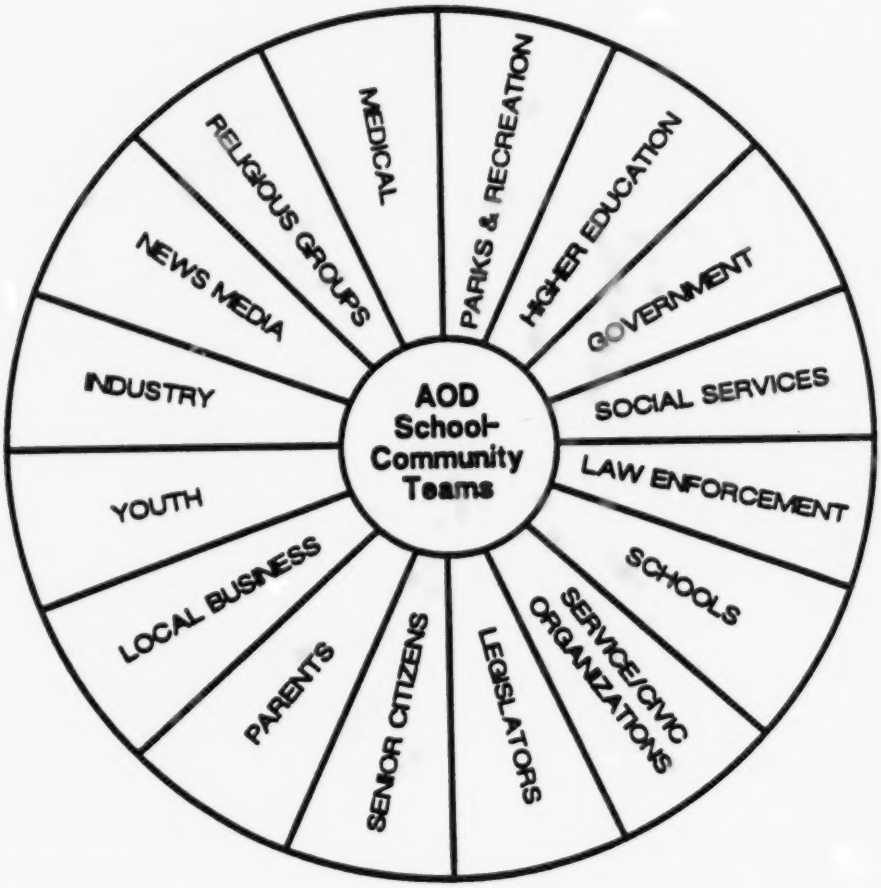
   b. Determine why the involvement of these people is important

   c. Develop strategies for forming these partnerships

   d. Create strategies these partners can develop and implement to support AOD prevention in your community

   Use the chart that follows the graphic to organize your ideas.

AOD School-Community Team Members



Adapted from: *The Community Team Manual, Setting Up Your Prevention Program.* The National Federation of Parents for Drug-Free Youth.

Key Community Partnerships	Why these partnerships are important	Strategies for forming partnerships	Strategies key partners can develop and implement
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			

5. Use the checklist on pages 33-34 to take inventory of AOD prevention in your school and community.

Checklist for Excellence and Effectiveness in Prevention

Do the strategies and activities in your school and community contain the following elements of a comprehensive AOD education and prevention education program? *(from: National Commission on Drug-Free Schools, 1990)*

- ☐ Student survey, school needs assessment, and resource identification
- ☐ Leadership training of key school officials and staff with authority to develop policies and programs
- ☐ School policies that are clear, consistent, and fair, with responses to violations that include alternatives to suspension
- ☐ Training for the entire school staff on the following:
  - The school's AOD policies and policy implementation
  - Drug use, abuse, and dependency
  - Effects on family members and others
  - Intervention and referral of students
- ☐ Assistance programs/support for students from preschool through grade 12, including the following:
  - Tutoring, mentoring, and other academic activities
  - Support groups (e.g., Alcoholics Anonymous and Children of Alcoholics)
  - Peer counseling
  - Extracurricular activities (e.g., sports, drama, journalism)
  - Vocational programs (e.g., work-study and apprenticeship)
  - Social activities (including drug-free proms and graduation activities)
  - Alternative programs (e.g., Upward Bound and Outward Bound)
  - Community service projects
- ☐ Training for parents, including the following information:
  - The effects of drug use, abuse, and dependency on users, their families, and other people
  - Ways to identify drug problems and refer people for treatment
  - Available resources to diagnose and treat people with drug problems
  - Laws and school policies on drugs, including alcohol and tobacco
  - The influence of parents' attitudes and behavior toward drugs including alcohol and tobacco, and of parents' expectations of graduation and their children's academic performance

- The importance of establishing appropriate family rules, monitoring behavior of children, imposing appropriate punishments, and reinforcing positive behavior
- Ways to improve skills in communication and family and conflict management
- The importance of networking with other parents and knowing their children's friends and their families

☐ Curriculum for preschool through grade 12, including the following subjects:

- Information about all types of drugs, including medicines
- The relationship of drugs to suicide, AIDS, drug-affected babies, pregnancy, violence, and other health and safety issues
- The social consequences of drug abuse
- Respect for the laws and values of society, including discussion of right and wrong
- The importance of honesty, hard work, citizenship, compassion, patriotism, and other civic and personal values
- Promotion of healthy, safe, and responsible attitudes and behavior
- Ways to build resistance to influences that encourage drug use, such as peer pressure, advertising, and other media appeals (refusal skills)
- Ways to develop critical thinking, problem-solving, decision-making, persuasion, and interpersonal skills
- Ways to develop active participation, cooperative learning, and consensus-building skills
- Ways to increase self-control and self-esteem based on achievement and ways to cope with stress, anger, and anxiety
- Strategies to get parents, family members, and the community involved in preventing drug use
- Information on contacting responsible adults when young people need help and on intervention and referral services
- Sensitivity to cultural differences in the school and community and to local drug problems
- Information about how advertising works

☐ Collaboration with the community to provide the following services:

- Student assistance programs
- Employee assistance programs for school staff
- Latch-key child care
- Medical care, including treatment for alcohol and other drug problems

- Nutrition information and counseling
- Mental health care
- Social welfare services
- Probation services
- Continuing education for dropouts and pushouts
- Inservice training for teachers and counselors in intervention techniques and procedures
- Programs for students at high-risk of drug use

Do prevention leaders in your school-community undertake the following responsibilities? *(adapted from National Commission on Drug-Free Schools, 1990)*

- ☐ Align drug education and prevention needs with resources by linking schools with law enforcement and community services
- ☐ Identify people who deserve recognition for their prevention efforts
- ☐ Publicize drug prevention activities
- ☐ Represent schools and the community
- ☐ Understand drug dependency
- ☐ Assess community policies and practices regarding alcohol, tobacco, and other drugs
- ☐ Inventory community programs for drug education, prevention, and treatment
- ☐ Help develop drug education and prevention strategies for the community, including assigning responsibilities to all agencies and organizations
- ☐ Provide support for school policies and programs
- ☐ Identify and target support for high-risk youth
- ☐ Coordinate delivery of school and community services

SECTION 5

Biographical Information

Videoconference Participants

Dale Blyth is Director of Research and Evaluation at Search Institute, a not-for-profit organization devoted to research on children, youth, and family, and the institutions that support them. He has a Ph.D. in sociology from the University of Minnesota. During his career, he has served as a Research Scientist at the Boys Town Center for the Study of Youth, was a faculty member of the psychology department at The Ohio State University, headed the Understanding and Building Teenage Competence Project on mentoring and the roles of significant others in adolescents' lives, and was Senior Scientist and Director of the Center for Adolescent Health Analysis at the American Medical Association. In the latter position he served as the senior staff member directing the efforts of the National Commission on the Role of the School and the Community in Improving Adolescent Health.

William M. Harvey is founder and Executive Director of Narcotics Service Council, Inc., and Adjunct Professor in the Department of Sociology at Washington University in St. Louis, Missouri. He holds a Ph.D. in clinical psychology from Washington University. Dr. Harvey has an extensive background in providing treatment and prevention services. He serves as a consultant to the Federal Office for Substance Abuse, Office of Juvenile Justice and Delinquency. He has served as a member of the National Advisory Council on Drug Abuse and the Presidential Commission on Mental Health. He has written several articles that address aspects of multicultural drug abuse prevention programming and strategies for combatting drug abuse in communities.

Cheryl Hollis moved to Omaha, Nebraska, with her family when she was an infant. She attended public schools and graduated from Technical High School in 1975. Ms. Hollis acquired a clerical certificate from Opportunities Industrialization Corporation in 1976. She has worked in a family restaurant and in a telemarketing business. A major part of her life has been devoted to raising her three sons. Currently, Hollis is employed as a Family Room Liaison in a junior high school in the Omaha Public Schools. In this capacity, Ms. Hollis acts as a liaison between the school and parents. She was asked to serve in this position because she is a concerned parent who believes that parent involvement will help improve children's grades, self-esteem, and behavior. As a Family Room Liaison, she has helped arrange transportation for parents, given presentations on parenting, arranged for tutors for students, and made home visits. According to school staff, parents, and students, Ms. Hollis is someone who listens and cares.

Iris Heavy Runner is an enrolled member of the Blackfeet Tribe from Browning, Montana. She is the Coordinator of Native Cultural Services at Fairview Deaconess Adolescent Chemical Dependency Treatment Programs and consultant to Head Start, Daycare Centers, Tribal communities, and schools. She lectures and provides cross-cultural training on issues related to Indian children and their extended families. She is a former trainer for the Minnesota Indian Women's Resource Center in Minneapolis, Minnesota. Currently, she is involved in planning and developing a culturally sensitve treatment approach for Native Adolescents and their families.

Judson Hixson is Senior Associate Director of Technology and Information at the Midwest Regional Center for Drug-Free Schools and Communities. Mr. Hixson is a Ph.D. candidate at the University of Chicago and holds a master of arts degree in EducationalPpsychology from the University of Chicago. Before joining NCREL, Mr. Hixson was Administrative Coordinator in the Chicago Public Schools. He also served as Educational Director for the Chicago Urban League and as on-loan consultant to the National Urban League for educational policy development and congressional relations. He has teaching experience at all grade levels, as well as experience in university administration. He has served as consultant to a wide variety of organizations, including the U.S. Department of Justice, Community Relations Division.

Beau Fly Jones is Senior Researcher and Director of Curriculum, Instruction, and Assessment at the North Central Regional Educational Laboratory. Dr. Jones holds a Ph.D. in educational psychology from Northwestern University. She has expertise in the areas of cognitive learning and effective comprehension instruction. Before becoming a member of the NCREL staff, Dr. Jones served as Special Projects Coordinator for the Chicago Public Schools and was a developer for their instructional materials in several areas, particularly social studies and reading. Since her arrival at NCREL in 1984, she has published over 25 articles and books on dimensions of thinking, cognitive instruction, and applications of technology to curriculum development. In 1990, she was Project Director for NCREL's national videoconference series, *Restructuring to Promote Learning in America's Schools*.

Annette Mallory, Video Production Coordinator, received her bachelor of science degree in mass communications from Towson State University in Maryland and is pursuing a master of fine arts degree in film and video at Columbia College. During her undergraduate career, Ms. Mallory produced, directed, and anchored a variety of television programs. Since college she has worked extensively in the commercial television arena and served as Senior Associate Producer of two weekly television shows for WBTV, Channel 11, the CBS affiliate in Baltimore. Prior to her employment at NCREL and MRC, she worked as a photojournalist for Ligature, Inc., an educational publishing firm located in Chicago. Ms. Mallory divides her time between the Lab and the Midwest Regional Center.

Priss Parmenter is Prevention Coordinator for Southeastern Illinois Counseling Centers which serve eight Illinois counties, President of Wabash Community Unit School District Board of Education, and a member of the Illinois Drug Education Alliance (IDEA). Her work in prevention began when she volunteered to help with the Growing Up Well Program and has involved many other activities. She also is a member of Mt. Carmel's Families Against Drugs. Priss believes that the media's bombardment of advertising directed toward children and youth requires an ongoing campaign of comprehensive prevention education that impacts the beliefs of both youth and adult members of a community.

Steve Schwartz is Curriculum Director for the Wabash County Community Unified School District, Mt. Carmel, Illinois. His received a B.S. in education, history, social science, and health education and an M.S. in health education. He has been both a junior high school teacher and principal. He has presented staff development workshops in health education and was the Summer Program Director for the American Lung Association of Eastern Illinois. In his current position, which he has held for four years, he has written and won many grants for the Mt. Carmel schools as well as for its parochial schools and schools in neighboring communities. Mr. Schwartz is a member of and holds offices or special responsibilities with many local, county, and state organizations, including the Illinois Drug Education Alliance, ASCD, American Lung Association of Eastern Illinois, and the Salvation Army.

Morton Silverman, M.D., is the Director of Student Counseling and Resource Service, and Associate Dean of Students at the University of Chicago. He received his M.D. from Northwestern University Medical School and completed his psychiatry residency training at the University of Chicago. Dr. Silverman served as the first Associate Administrator for prevention in the Alcohol, Drug Abuse, and Mental Health Administration in 1985-1987. During his seven years with the U.S. Public Health Service, he helped develop and implement the Office for Substance Abuse Prevention (OSAP). Currently, he is a consultant to OSAP and to the National Prevention Network. Dr. Silverman also is a consultant to the Division of Prevention and Education of the Illinois Department of Alcoholism and Substance Abuse, the Illinois Department of Mental Health and Developmental Disabilities, and the Division of Adolescent Health of the American Medical Association. He is Board Certified in Psychiatry and a Fellow of the American Psychiatric Association. He has published extensively on issues related to alcohol and other drug abuse.

Margaret B. Tinzmann is Project Associate for Technology and Information with the Midwest Regional Center. Dr. Tinzmann received her doctorate in learning, development, and instruction from Northwestern University and has a background in cognitive science, reading and writing, and learning disabilities. She has taught reading, human development, educational psychology, statistics, and other graduate and undergraduate courses in the Chicago area and at Aquinas College in Grand Rapids, Michigan, where she also directed the student teaching program. She has conducted research, given presentations at professional meetings, and published in the area of memory development, reading, writing, and graphics in content area textbooks. She has been involved in several curriculum development projects, the most recent of which are *Breakthroughs* materials developed for Zaner-Bloser. She also has produced videotapes for *Breakthroughs* and been involved in the production of other video and audio materials.

Ed Virant is Coordinator of Drug-Free Programs for the Omaha Public Schools. Virant, an Omaha native, is a member of the Advisory Council for the Midwest Regional Center for Drug-Free Schools and Communities, and is chair of its Urban Intervention Task Force. He has worked as both a junior and senior high school teacher, principal of a junior-senior high school, and program developer for alternative schools. Virant was developer and director of an adolescent chemical dependency program, was administrator of a hospital-based chemical dependency treatment program, and was coordinator of a drug prevention teacher training project for the University of Nebraska at Omaha. In addition, he has been a consultant to the government of St. Lucia for substance abuse programs and helped develop a treatment center on this West Indies Island.

Maxine Womble is Director of the Midwest Regional Center for Drug-Free Schools and Communities with overall responsibility for the administration of a $3.2 million budget and supervision of three area offices. She formerly served as Executive Director of the National Black Alcoholism Council, a professional organization involved in education awareness and training. She was the second chairperson of that organization and one of the founding members. Ms. Womble has been an independent consultant in the field of alcoholism and drug abuse for non-profit and governmental agencies including the Office for Treatment Improvement and the Office for Substance Abuse Prevention. She also served as Assistant Commissioner for the Bureau of Alcoholism Services for New York City; conducted trainings on working with Black Children of Alcoholic and Drug Addicted Parents; and researched and wrote an advocacy manual for ethnics of color. Ms. Womble is a member of the National Advisory Council of the National Institute on Alcohol Abuse and Alcoholism and is co-author of a book on the treatment of African American alcoholics, *Working with African Americans: The Professionals Handbook*. She is a graduate of Hunter College, New York, and holds an M.A. degree in urban affairs.

SECTION 6

Important Resources

RADAR Centers

The Regional Alcohol and Drug Awareness Resource (RADAR) Network works in partnership with the National Clearinghouse of Alcohol and Drug Information (NCADI) and consists of state clearinghouses, specialized information centers of national organizations, the Department of Education Regional Training Centers, and others. Each RADAR Network member can offer the public a variety of information services.

Illinois
Prevention Resource Center Library
822 South College
Springfield, IL 62704
217-525-3456
Caroline Murphy

Indiana
Indiana Prevention Resource Center
820 State Road, 46 Bypass
Indiana University, Room 119
Bloomington, IN 47405
812-855-1237
Barbara Seitz

Iowa
Iowa Substance Abuse Information Center
Cedar Rapids Public Library
500 First Street, SE
Cedar Rapids, IA 52401
319-398-5133
Tressa Youngbear

Michigan
Michigan Substance Abuse and Traffic Safety Information Center
2409 East Michigan
Lansing, MI 48912-4019
517 482-9902
Gail Johnsen

Minnesota
Minnesota Prevention Resource Center
2829 Verndale Avenue
Anoka, MN 55303
800-233-9513
Mary F. Scheide

Missouri
Missouri Division of Alcohol and Drug Abuse
1915 Southridge Drive
Jefferson City, MO 65109
314-751-4942
Jeanne Massic

Nebraska
Alcoholism and Drug Abuse Council of Nebraska
650 J Street, Suite 215
Lincoln, NE 65808
402-474-0930
Laurel Erickson

North Dakota
North Dakota Prevention Resource Center
1839 East Capitol Avenue
Bismarck, ND 58501
701-224-3603
Michele Edwards

South Dakota
Department of Health, Division of Alcohol and Drug Abuse
700 Governors Drive, Kniep Building
Pierre, SD 57501-2291
605-773-3123
Diana Knox

Wisconsin
Wisconsin Clearinghouse
315 North Henry Street
Madison, WI 53703
608-263-2797
Douglas White

National Resources

1-800-788-2800: This toll-free phone number enables callers to access a network of seven different Federal Information Centers concerned with alcohol and other drug (AOD) problems. This is a product of the Federal Drug, Alcohol and Crime Clearinghouse. The following are the individual agencies.

National Clearinghouse for Alcohol and Drug Information

- Department of Health and Human Services
- Alcohol, Drug Abuse, and Mental Health Administration
- Office for Substance Abuse Prevention

Drug Information and Treatment Referral Line

- Department of Health and Human Services
- National Institute on Drug Abuse

Drug-Free Workplace Helpline

- Department of Health and Human Services
- Alcohol, Drug Abuse, and Mental Health Administration
- National Institute on Drug Abuse

Drugs & Crime Data Center and Clearinghouse

- Department of Justice Programs
- Bureau of Justice Statistics

Drug Information & Strategy Clearinghouse

- Department of Housing and Urban Development
- Office for Drug-Free Neighborhoods

National AIDS Clearinghouse

- Department of Health and Human Services
- Public Health Service
- Centers for Disease Control

National Criminal Justice Reference Service

- Department of Justice
- Office of Justice Programs
- National Institute of Justice

State Drug Program Contacts

Illinois
Department of Alcohol and Substance Abuse
222 South College Street, Second Floor
Springfield, IL 62704
217-782-0685

Indiana
Governor's Commission on a Drug-Free Indiana
c/o Office of the Governor
State House
Indianapolis, IN 46204
317-232-2588

Iowa
Governor's Alliance of Substance Abuse
Lucas State Office Building, Second Floor
Des Moines, IA 50319
515-281-3784

Michigan
Office of Drug Control Policy
Grandview Plaza
206 East Michigan Avenue
P.O. Box 30026
Lansing, MI 48909
517-373-4700

Minnesota
Office of Drug Policy
Department of Public Safety
Transportation Building, Room 211
John Ireland Boulevard
St. Paul, MN 55155
612-296-1057

Missouri
Interagency Working Group for Drug and Alcohol Abuse
P.O. Box 720
Jefferson City, MO 65102
314-751-3222

Nebraska
Toward a Drug-Free Nebraska
P.O. Box 94601
Lincoln, NE 68509
402-471-2414

North Dakota
Office of the Governor
600 East Boulevard
State Capitol
Bismarck, ND 58505
701-244-2094

South Dakota
Special Assistant for Human Resources
Office of the Governor
Pierre, SD 57501
605-773-3212

Wisconsin
State Alliance for a Drug-Free Wisconsin
125 South Webster
Madison, WI 53702
608-266-9923

Regional Centers

The Regional Centers Program is funded by the U.S. Department of Education to help schools and communities eliminate the use of alcohol and drugs by young people. The program responds to the problems of alcohol and drug use by offering an adaptable, systematic process of training and on-site support that will lead to better school and community services and to a healthier learning environment for the nation's young people.

	States Served:
Northeast Regional Center for Drug-Free Schools And Communities 12 Overton Avenue Sayville, NY 11782 516-589-7894	Connecticut, Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Vermont
Southeast Regional Center for Drug-Free Schools and Communities Spencerian Office Plaza University of Louisville Louisville, KY 40292 502-588-0052	Alabama, District of Columbia, Florida, Georgia, Kentucky, North Carolina, Puerto Rico, South Carolina, Tennessee, Virginia, Virgin Islands, West Virginia
Midwest Regional Center for Drug-Free Schools and Communities 1900 Spring Road, Suite 300 Oak Brook, IL 60521 708-571-4710	Indiana, Illinois, Iowa, Michigan, Minnesota, Missouri, Nebraska, North Dakota, South Dakota, Wisconsin
Southwest Regional Center for Drug-Free Schools and Communities The University of Oklahoma 555 Constitution, Suite 138 Norman, OK 73037-0005 800-234-7972	Arizona, Arkansas, Colorado, Kansas, Louisiana, Mississippi, New Mexico, Oklahoma, Texas, Utah
Western Regional Center for Drug-Free Schools and Communities 101 S.W. Main Street, Suite 500 Portland, OR 97204 503-275-9480	Alaska, American Samoa, California, Federation States of Micronesia, Guam, Hawaii, Idaho, Marshall Islands, Kosrae, Montana, Nevada, Northern Mariana Islands, Oregon, Pohnpei, Republic of Palau, Truk Washington, Wyoming, Yap

Department of Education
Division of Drug-Free Schools and Communities
400 Maryland Avenue SW
Room 2135, FOB-6
Washington D.C. 20202-6439
202-401-1362

State Alcohol and Other Drug Coordinators

Illinois
Jerry Foster
Educational Consultant
Illinois State Board of Education
100 North First Street
Springfield, IL 62777
217-782-2826

Indiana
Leah M. Ingraham
Coordinator of Health Programs
Indiana State Board of Education
Student Services Unit
State House, Room 229
Indianapolis, IN 46204-2798
317-232-6975

Iowa
David A. Wright
Substance Education Consultant
Iowa Department of Education
Grimes State Office Building
Des Moines, IA 50319-0146
515-281-5294

Michigan
Barbara Hower Knutson
Health Education Consultant
Michigan Department of Education
Comprehensive School Health Unit
P.O. Box 30008
Lansing, MI 48909
517-373-7022

Minnesota
Mary Lynn McAlonie
Michigan State Department of Education
550 Cedar Street
Capitol Square Building
St. Paul, MN 55101
612-296-3925

Missouri
Tom Odneal
Coordinator Federal Programs
Missouri Department of Education
P.O. Box 480
Jefferson City, MO 65102
314-751-3175

Nebraska
Mary Ann Losh
Administrator Instructional Strategies
Nebraska Department of Education
P.O. Box 94987
301 Centennial Mall South
Lincoln, NE 68509-4987
402-471-4357

North Dakota
David Lee
Director of Guidance and Drug-Free Schools
North Dakota Department of Education
600 East Boulevard Avenue
State Capitol, 9th Floor
Bismarck, ND 58505-0440
701-224-2269

South Dakota
Richard Parker
Director, Drug-Free Schools
South Dakota Department of Education and Cultural Affairs
700 Governors Drive
Pierre, SD 57501-2291
605-773-3261

Wisconsin
Michael J. Thompson
Wisconsin Department of Public Instruction
Bureau of Pupil Services
125 South Webster Street
P.O. Box 7841
Madison, WI 53707-7841
608-266-3584

SECTION 7

Glossary

Adapted/selected from OSAP. (1989). *Prevention plus II: Tools for creating and sustaining drug-free communities.* DHHS Publication No. (ADM)89-1649.

Addiction Addiction is a state in which the user craves the effects of a drug and compulsively takes it. Addiction has both a physical and psychological component. Physical dependence involves changes in the body and the user experiences withdrawal symptoms if drug use is terminated. Psychological dependence is the felt need to take the drug. Psychological dependence usually lasts longer than physical dependence.

Alcoholism Alcoholism is a chronic disease or disorder of behavior characterized by the repeated drinking of alcoholic beverages to an extent that exceeds customary dietary use or ordinary compliance with the social drinking customs of the community, and which interferes with the drinker's health, interpersonal relationships, or economic functioning.

Community Norms Community norms are the standards set by adults and youth that determine acceptable behavior in a community. For example, disallowing nudity on public beaches is the result of norms set by the community about appropriate behavior at the beach. Perceptions of community norms regarding alcohol and other drug use are believed to have a significant influence on behavior related to alcohol and other drug use.

High-risk Youth High-risk youth are particularly vulnerable to alcohol and other drug use. They generally fall into one or more of the following categories: abused and/or neglected youth, homeless or runaway youth, physically or mentally handicapped youth, pregnant teenagers, school dropouts, latchkey children, and economically disadvantaged youth. High-risk youth usually meet more than one of these criteria.

Intervention Intervention aims to identify alcohol or other drug users and to assist them in modifying their behavior or, if necessary, obtaining early treatment. Intervention includes activities, programs, or practices that prevent a health problem from continuing once it has been detected.

Prevention Prevention is activities, programs, or policies aimed at enabling people to stay healthy and encouraging communities to strengthen environments which promote health and change those conditions which predispose individuals to develop problems (Community Action Seminars). Prevention is a holistic approach to enrich, enhance, and empower an individual to live a healthy and productive lifestyle by overcoming negative environmental conditions through life skills, cultural awareness, resistance skills, accurate information, and through spiritual guidance (Harvey Lee).

There are several different types of prevention. The objective of **primary prevention** is to protect the individual in order to avoid problems prior to signs or symptoms of problems. **Secondary prevention** identifies people in the early stages of problem behaviors associated with alcohol and other drugs and attempts to avert the ensuing negative consequences by inducing them to cease their use through counseling or treatment. It is often referred to as **early intervention**. **Tertiary prevention** strives to end compulsive use of alcohol or other drugs and/or to ameliorate their negative effects through treatment and rehabilitation. This type is most often referred to as **treatment** but also includes **rehabilitation** and **relapse prevention**.

Responsible Use The presentation of factual drug information once was used to encourage underage youth to make a decision to use alcohol or other drugs "responsibly." Programs of this type were not effective and are not compatible with a philosophy that regards the use of alcohol or other drugs, in any quantity, as unacceptable behavior for youth. Thus, curricula that advocate responsible use should be rejected.

Student Assistance Program Modeled after the Employee Assistance Program found in the workplace, the Student Assistance Program focuses on behavior and performance at school and uses a referral process that includes screening for alcohol and other drug involvement. Student Assistance Programs also work with self-referred youth to address problems of alcohol and other drug use.

Substance Abuse Substance abuse occurs when a person becomes harmful to others and to him- or herself because of taking alcohol or other drugs. Harm can be physical and/or psychological and may be related to safety, legal, and/or social situations.

Treatment Treatment encompasses activities that must be undertaken to deal with an alcohol or other drug problem and with the individual manifesting such a problem. A comprehensive continuum of interventions is required to cope with the expanded focus of treatment. Treatment should be provided by personnel with experience and training in AOD abuse treatment. Schools should **not** assume responsibility for diagnosing or treating students, rather, they should identify students with behavior and/or family problems that interfere with their ability to learn and adjust in a school environment. These students should be referred to a Student Assistance Program where trained staff can make appropriate referrals to outside agencies for assessments and treatment.

SECTION 8

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Product Order Form

Qty.	Price	Order #	Title/Author
____	$300	RES 091	**Restructuring to Promote Learning in America's Schools** (1990). A series of nine, 2-hour videotapes and guidebooks. Produced by NCREL and PBS. ■ The New Definition of Learning: The First Step for School Reform ■ The Thinking Curriculum ■ The Collaborative Classroom: Reconnecting Teachers and Learners ■ Multidimensional Assessment: Strategies for the Classroom ■ Schools as Learning Communities ■ Many Roads to Fundamental Reform: Getting Started ■ Many Roads to Fundamental Reform: Continuing the Journey ■ The Meaning of Professional Development in the 21st Century ■ Reconnecting Students at Risk to the Learning Process Individual videotape/guidebook sets are available for $35. Please specify which videoconference you want.
____	$10	HST 703	**Dimensions of Thinking: A Framework for Curriculum and Instruction** (1988). Robert J. Marzano, Ronald S. Brandt, Carolyn Sue Hughes, Beau Fly Jones, Barbara Z. Presseisen, Stuart C. Rankin, and Charles Suhor.
____	$10	HST 705	**Strategic Teaching and Learning: Cognitive Instruction in the Content Areas** (1987). Beau Fly Jones, Annemarie Sullivan Palincsar, Donna S. Ogle, and Eileen Glynn Carr.
____	$35	MRC 091	**Midwest Forum Live: Policy and Prevention (1991).** Video conference 1. Video tape and discussion guide.
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